

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
TAXICAB AUTHORITY
1785 E. Sahara Avenue, Suite 200
Las Vegas Nevada 89104
Telephone (702) 668-4000 • Fax (702) 668-4001
Long Route Voluntary Witness Statement –PLEASE PRINT**

Name:
Address:
Phone Number:
E-Mail:

I, _____ of: _____,
(Name) (Residence City and State)

being first duly sworn, deposes and says:

That on _____
(Day/date/time)

I entered _____, driven by
(Cab Company, Cab Number, NV license plate if known)

_____, at _____ in Clark County,
(Name and/or Permit Number of Driver, if known) (Location of pick up)

Nevada and told the cab driver that I wanted to go to _____.
(Destination Location)

Mark the box below that you believe applies to your situation (leave blank if neither applies).

_____ The Taxicab Driver did not have a discussion with me/us, about the different routes that could have been taken to our destination.

_____ The Taxicab Driver did have a discussion with me/us about the route/way to be taken, but did not mention that one route was longer.

The facts that are the basis for my belief that the taxicab driver took a longer route to my destination than was necessary are (*e.g., freeways, amount charged, distance, how long the trip took, comparison to prior trips, etc.*):

Signature

Date

This statement was made and sworn before me on the _____ of _____, 200_____.

Notary